POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	h.		
FORMALITY REVIEW	SM	879	12-21-00
RESPONSE FORMALITY REVIEW	A. KM	JC 580	02-01-01

BEST AVAILABLE COPY (stamped across the form)

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date						Claim		Date						Claim		Date					
Final	Original							Final	Original							Final	Original						
①	1 ✔ ✔								51								101						
	2 ✔ ✔								52								102						
③	3 ✔ ✔								53								103						
	4 ✔ ✔								54								104						
	5 ✔ ✔								55								105						
	6 ✔ ✔								56								106						
	7 ✔ ✔								57								107						
	8 ✔ ✔								58								108						
	9 ✔ ✔								59								109						
	10 ✔ ✔								60								110						
	11 ✔								61								111						
	12 ✔ ✔								62								112						
	13 ✔ ✔								63								113						
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	49								99								149						
	50								100								150						

If more than 150 claims or 10 actions
staple additional sheet here

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